



DEPARTMENT OF INSURANCE
STATE OF ARIZONA
Financial Affairs Division – Compliance Section
2910 North 44th Street, Suite 210
Phoenix, Arizona 85018-7269
Phone: (602) 364-3998
Fax: (602) 364-3989

**INSTRUCTIONS FOR A CHANGE TO
FORM C SUMMARY OF REGISTRATION STATEMENT**

TITLE PAGE

All changes to Form C Summary of Registration Statements shall be prepared with a proper title page as follows:

CHANGE NO. (insert number)
TO THE INSURANCE HOLDING COMPANY SYSTEM
SUMMARY OF REGISTRATION STATEMENT FORM C
FOR THE CALENDAR YEAR ENDING (insert year)
Filed with the Insurance Department of the State of Arizona
On or Effective (insert date of previous filing being changed)
By
[Name of Registrant]
[NAIC No. or Federal I.D. No.]

On Behalf of the Following Insurance Companies: (If applicable)

NAME:	}
NAIC NO.:	} Provide for each company
STATE OF DOMICILE:	}

DATE OF CHANGE: (NOT the date of original filing)

Name, Title, Address and Telephone Number of Individual to Whom Notices and Correspondence Concerning This Statement Should Be Addressed:

[In the manner consistent with annual and amendment Form B filings, identify the Item Number(s) and present full disclosure statements to supercede previous disclosure statements and fully describe and identify exhibits being submitted with the Change filing. A Change filing differs from an Amendment filing in that it serves to correct incomplete or incorrect disclosure statements or exhibits within a previously filed Form B, while an Amendment serves to disclose actual events of material changes that have occurred since the previous Annual Form B filing. As required for all insurance holding company system registration filings, Change filings shall include the Signature and Certification page (see Page 2 for sample) and shall be filed in duplicate.]

**INSTRUCTIONS FOR A CHANGE TO
FORM C SUMMARY OF REGISTRATION STATEMENT**

ITEM 10 SIGNATURE AND CERTIFICATION

Signature and certification required as follows:

SIGNATURE

Pursuant to the requirements of A.R.S. § 20-481 et seq. _____
has caused this application to be duly signed on its behalf in the City of _____
and State of _____ on the _____ day of _____,
_____.

(SEAL)

(Name of Applicant)

BY _____
(Name)

(Title)

Attest:

(Signature of Officer)

(Title)

CERTIFICATION

The undersigned deposes and says that (s)he has duly executed the attached application dated _____
_____, for and on the behalf of _____; that
(Name of Applicant)

(s)he is the _____ of such company and that (s)he is
(Title of Officer)

authorized to execute and file such instrument. Deponent further says that (s)he is familiar with such
instrument and the contents thereof, and that the facts therein set forth are true to the best of his/her
knowledge, information and belief.

(Signature)

(Type or print name)